

Congress of the United States
Washington, DC 20515

September 8, 2016

Mr. Andrew Slavitt
Acting Administrator
Centers for Medicare and Medicaid Services
200 Independence Avenue SW, Room 314-G
Washington, D.C. 20201-0001

Dear Acting Administrator Slavitt:

We are writing today to address concerns and recommend changes regarding your proposed rule on the implementation of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), or “Doc Fix” Replacement. Since its passage, Members of Congress have come to understand the full scope of MACRA implementation and received additional information on the challenges these new requirements pose for physicians and patients. It is our desire to ensure congressional intent is respected and achieved throughout your final rulemaking process.

It has come to our attention that physicians nationwide who once applauded and thanked us for repealing SGR are now beginning to fear what they believe is simply a trade in harmful policy and destructive regulation. MACRA and the Merit-Based Incentive Payment System (MIPS) are far more complex, confusing, and controlling than the Physician Quality Reporting System, meaningful use, and value-based modifier programs they are replacing. The compliance and reporting requirements related to the new incentive programs are exceedingly expensive for physicians and their practices. Your own figures suggest that that these new programs will add an additional compliance cost of \$128 million above the pre-existing cost of the programs they are replacing. Even if practices have the time, financial means, and administrative bandwidth to dedicate to regulatory compliance, they may face payment penalties due to documentation and/or system error, and the unpredictable nature of the measurement systems. More importantly, these proposed MACRA regulations will accelerate the deterioration in the patient-physician relationship and the experience of care only for the sake of bureaucratic excess. We need more patient, less paper.

One troubling feature of MIPS is that it clearly disadvantages smaller, independent practices. The need for sophisticated support systems, the inflexibility of the measurement standards, and the lack of realistic incentives to change all create pressures for physicians to abandon small practices to join large ones — or to sell out to hospitals. In fact, your own estimates again demonstrate 87 percent of eligible clinicians in solo practice will experience a cut in Medicare payment rates. In Texas, more than 60 percent of patient care physicians are in small practices of one to three physicians. MACRA is very likely to place an enormous burden there and on largely rural areas, making access to care challenging for the many Medicare beneficiaries in smaller communities. In the pursuit of quality measures, we must ensure MACRA regulation promotes a pathway for success for independent practices.

Those who are impacted the most — our clinicians — will find themselves spending entirely too much time justifying their actions instead of allowing their actions to speak for themselves. Quality of care must be defined by patient-centered outcomes, rather than paperwork. Because we do not feel that our concerns can be addressed in a timely fashion given the start date of January 1, 2017, we respectfully urge the following changes be made to the proposed rule:

- Publicly announce a delay of MACRA/MIPS implementation until at least January 1, 2018.
- Engage with stakeholders, including the nation's largest national physician's councils and state associations. Specifically, we strongly encourage you to engage the nation's largest state medical society, the Texas Medical Association, who has already authored extensive recommendations after a wide-ranging study and discussion among its membership.
- Initiate open forums to discuss and receive feedback for better rulemaking, including coordination on Capitol Hill with interested Members of Congress.
- Based upon findings from these meetings and forums, publish final rules at least six months prior to the implementation date, as to allow adequate time for physicians and providers to prepare for the upcoming changes to their practices.

Thank you for your attention to this vitally important matter. We look forward to working closely to ensure congressional intent is carried out in a matter that respects the patient-physician relationship and promotes timely access to quality cost-effective health care while ensuring no one in the medical community is unduly harmed.

Sincerely,



Pete Sessions
Member of Congress



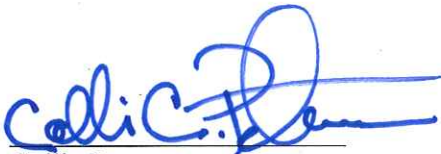
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